What Health
Care Services
do Medicare
Beneficiaries
Receive?

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

1 of 4

		Medicare	Supplemental Health Insurance					
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>	
			Percenta	age of Beneficiaries with at	Least One Inpatient Hosp	ital Stay		
All Beneficiaries	19.22	15.52	25.35	20.59	18.37	20.58	15.77	
	0.38	1.20	0.99	0.90	0.66	1.75	0.91	
Medicare Status <sup>3</sup> Aged								
65 - 74 years	14.92	13.12	23.29	15.50	14.28	15.94*	11.95	
	0.50	1.69	1.83	1.28	1.06	2.20	1.06	
75 - 84 years	22.92	19.31*	24.26	24.07	23.99	23.49	19.74	
	0.74	2.30	1.89	1.47	1.45	2.95	1.70	
85 years and older	28.67	21.97*	34.00	29.51	27.07	41.67*	25.42	
	1.24	3.96	2.84	2.25	2.53	7.98	3.05	
Disabled								
Under 45 years	19.24	14.57*	22.59	8.62*	13.82*	0.00	16.98*	
	1.51	3.37	1.92	9.02	3.29	0.00	7.12	
45 - 64 years	20.63	15.34*	28.11	17.26*	17.95	26.14*	17.14*	
	1.28	2.57	2.78	7.25	2.46	13.29	3.80	
Gender								
Male	19.86	16.01	25.36	21.53	19.73	24.80	16.00	
	0.49	1.73	1.86	1.13	1.10	2.75	1.32	
Female	18.72	14.86	25.34	19.95	17.19	17.56	15.60	
	0.51	1.37	1.28	1.28	0.83	2.27	1.18	
Living Arrangement								
Alone	19.72	13.73*	24.82	20.28	18.21	24.44*	17.98	
	0.70	1.94	1.86	1.39	1.31	3.62	1.67	
With spouse	17.61	14.23	24.63	19.66	17.80	18.98	13.73	
·	0.51	1.73	2.59	1.11	0.91	2.05	1.08	
With children	24.20	23.78*	25.50	27.09	25.17	19.91*	19.84*	
	1.33	4.38	2.35	3.09	2.92	6.98	2.72	
With others	21.50	15.83*	25.38	23.63*	19.81*	24.32*	15.94*	
	1.52	3.45	2.35	4.41	3.96	10.36	3.10	

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	Il Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percenta	age of Beneficiaries with at	Least One Inpatient Hosp	oital Stay	
All Beneficiaries	19.22	15.52	25.35	20.59	18.37	20.58	15.77
	0.38	1.20	0.99	0.90	0.66	1.75	0.91
Race/Ethnicity							
White non-Hispanic	19.18	16.16	26.22	20.66	18.25	19.53	16.53
Write Horr-Hispanie	0.43	1.36	1.40	0.91	0.69	1.70	1.04
Black non-Hispanic	22.75	14.47*	29.33	18.29*	23.59	39.86*	16.75*
Black Hell Flioparile	1.46	3.30	2.27	4.61	2.84	11.02	2.54
Hispanic	16.17	8.37*	20.56	21.75*	15.06*	23.51*	10.39*
	1.42	3.33	2.50	6.42	3.04	15.28	3.13
Other	16.94	24.24*	17.47*	19.26*	16.59*	24.84*	7.97*
	1.85	6.44	3.64	5.01	3.73	22.52	3.46
Income							
Less than \$2,500	22.13*	14.14*	28.46*	25.55*	15.22*	31.94*	20.00*
	3.34	6.57	6.68	6.28	6.95	15.53	9.38
\$2,500 - \$4,999	21.43*	11.72*	30.54*	20.92*	8.35*	0.00	26.86*
	3.19	4.91	5.48	10.26	4.02	0.00	9.46
\$5,000 - \$7,499	22.88	11.72*	25.92	15.94*	19.30*	40.91*	22.25*
	1.24	3.11	1.73	4.74	6.80	20.08	7.32
\$7,500 - \$9,999	20.23	16.03*	22.97	21.84*	18.73*	42.37*	15.41*
	1.17	2.41	1.87	3.54	3.16	19.63	2.70
\$10,000 - \$14,999	20.37	16.68	25.70	23.35	19.40	22.61*	16.57
	0.98	2.49	2.67	2.27	2.41	5.78	1.88
\$15,000 - \$19,999	19.59	16.17*	26.82*	19.71	18.97	31.48*	18.03
	1.13	3.08	5.46	2.14	2.04	7.69	2.48
\$20,000 - \$24,999	19.42	17.76*	24.74*	21.07	19.71	21.35*	16.91
	1.07	4.18	8.32	2.92	1.69	4.65	2.42
\$25,000 - \$29,999	18.34	15.58*	40.47*	18.43*	20.33	23.47*	11.32*
	1.31	5.78	12.94	2.83	2.23	6.71	2.86
\$30,000 or more	17.00	15.27*	16.26*	19.53	17.28	16.39*	13.63
	0.70	3.11	7.68	1.21	1.15	2.23	1.25

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	Il Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percenta	ge of Beneficiaries with at	Least One Inpatient Hosp	pital Stay	
All Beneficiaries	19.22	15.52	25.35	20.59	18.37	20.58	15.77
	0.38	1.20	0.99	0.90	0.66	1.75	0.91
Health Status							
Excellent	8.81	6.18*	5.98*	10.74	8.83*	8.13*	8.41*
	0.73	2.56	2.51	1.61	1.21	3.19	1.65
Very good	12.73	10.01*	18.35	14.70	11.46	18.21*	9.93
, 0	0.62	2.14	2.26	1.53	0.95	3.18	1.20
Good	20.10	14.93	19.92	20.72	21.02	24.40*	19.13
	0.74	2.25	1.80	1.49	1.17	3.05	1.69
Fair	26.07	18.67	27.51	31.50	26.08	25.25*	23.49
	1.11	2.58	2.01	2.46	1.99	6.03	2.58
Poor	36.53	26.03*	40.50	46.33	34.32	56.13*	29.44*
	1.49	4.13	2.49	3.90	3.71	11.31	4.19
Functional Limitation							
None	13.09	10.39	16.77	13.78	12.77	15.57	11.83
	0.42	1.50	1.46	0.93	0.79	1.96	1.00
IADL only <sup>4</sup>	25.10	22.13	24.43	28.19	24.96	22.89*	24.53
<u> </u>	0.93	2.94	1.87	2.07	1.68	4.07	2.43
One to two ADLs <sup>5</sup>	26.44	17.47*	31.26	31.75	26.76	26.54*	19.64
	1.10	3.07	3.08	2.65	2.10	5.51	2.43
Three to five ADLs	38.53	26.37*	41.69	45.37	38.54	54.01*	27.48*
	1.67	4.14	2.90	4.17	3.79	8.75	4.27

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

	Medicare Supplemental Health Insurance						
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percenta	ge of Beneficiaries with at	Least One Inpatient Hosp	ital Stay	
All Beneficiaries	19.22	15.52	25.35	20.59	18.37	20.58	15.77
	0.38	1.20	0.99	0.90	0.66	1.75	0.91
Metropolitan Area Resident							
Yes	18.89	14.69	24.78	19.41	18.95	20.92	15.90
	0.43	1.36	1.25	0.97	0.70	2.11	0.92
No	20.33	17.16	26.84	22.59	16.11	19.60*	13.57*
	0.72	2.06	1.52	1.76	1.60	2.57	4.19

Source: Medicare Current Beneficiary Survey, CY 2000 Cost and Use Public Use File.

<sup>1</sup> The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

<sup>2</sup> HMO stands for Health Maintenance Organization.

<sup>3</sup> Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

<sup>4</sup> IADL stands for Instrumental Activity of Daily Living.

<sup>5</sup> ADL stands for Activity of Daily Living.

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	Il Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percenta	ge of Beneficiaries with at	Least One Outpatient Hos	pital Visit	
All Beneficiaries	69.84	59.57	76.49	72.70	71.54	73.87	62.69
	0.52	1.80	1.02	0.98	0.90	1.97	1.23
Medicare Status <sup>3</sup> Aged							
65 - 74 years	66.88	55.80	73.50	69.55	69.26	74.92	60.03
	0.70	2.54	2.27	1.59	1.39	2.58	1.72
75 - 84 years	73.27	59.23	78.13	76.96	75.66	71.72	66.20
	0.75	3.49	1.94	1.52	1.20	3.33	1.62
85 years and older	68.83	61.65	70.32	72.03	70.84	72.47*	61.21
	1.48	4.73	3.22	2.23	2.88	6.62	4.01
Disabled							
Under 45 years	69.95	59.62	75.60	37.76*	64.97	0.00	69.14*
Officer 40 years	1.63	4.66	2.02	13.96	4.86	0.00	7.55
45 - 64 years	74.57	66.59	82.22	75.05*	72.95	92.10*	70.43
,	1.61	4.18	2.35	6.63	3.30	7.92	5.19
O - m d - m							
Gender	07.04	57.40	70.44	70.04	74.07	74.00	04.05
Male	67.31	57.40	70.14	70.21	71.07	71.86 <i>3.21</i>	61.25
Famala	<i>0.80</i> 71.84	2.42	1.97	1.63	1.43	75.30	1.83
Female	71.84 0.59	62.49 <i>2.53</i>	80.28 1.27	74.39 <i>1.22</i>	71.95 <i>1.04</i>	75.30 2.44	63.81 <i>1.53</i>
	0.59	2.55	1.27	1.22	1.04	2.44	1.55
Living Arrangement							
Alone	69.92	52.71	79.05	73.86	71.41	77.33	60.63
	0.90	3.01	1.67	1.60	1.95	3.23	2.12
With spouse	70.41	64.70	74.86	73.71	71.64	73.57	64.15
	0.69	2.58	2.55	1.48	1.07	2.59	1.77
With children	69.03	64.10	73.95	65.62	72.54	66.58*	64.79
	1.55	4.69	2.25	3.43	3.13	8.59	3.28
With others	67.69	52.67	76.26	65.44	70.12	65.11*	59.11
	1.41	5.08	2.15	4.18	4.81	13.65	5.10

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	Il Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percenta	ge of Beneficiaries with at	Least One Outpatient Hos	pital Visit	
All Beneficiaries	69.84	59.57	76.49	72.70	71.54	73.87	62.69
	0.52	1.80	1.02	0.98	0.90	1.97	1.23
Race/Ethnicity							
White non-Hispanic	70.65	61.11	77.85	72.92	72.15	74.43	64.19
	0.59	2.00	1.48	0.99	0.95	1.91	1.41
Black non-Hispanic	69.01	58.47	79.12	75.58	69.16	72.80*	57.08
	1.34	3.99	1.81	5.50	2.92	10.04	3.35
Hispanic	63.71	49.67	71.96	62.59	65.06	56.40*	57.28
	1.68	4.91	2.45	6.62	5.68	17.65	4.86
Other	68.99	63.54*	74.11	78.71*	68.24	70.45*	58.96*
	2.72	6.88	4.22	6.26	5.10	26.65	6.41
Income							
Less than \$2,500	67.23	55.13*	75.12*	65.58*	63.02*	75.60*	70.86*
	3.45	9.15	6.50	8.22	8.69	18.45	8.56
\$2,500 - \$4,999	60.69	37.88*	67.29	80.49*	66.73*	100.00*	50.19*
	3.51	8.16	5.42	10.06	9.78	0.00	9.99
\$5,000 - \$7,499	72.71	50.69	78.33	70.41	58.48*	85.85*	69.54*
	1.57	4.70	1.89	6.63	8.25	15.51	7.90
\$7,500 - \$9,999	69.10	60.16	76.45	71.81	63.30	46.91*	60.78
	1.50	4.25	2.18	3.94	5.15	18.68	3.69
\$10,000 - \$14,999	68.22	59.06	74.67	72.21	70.07	72.46*	63.02
	1.09	2.99	2.78	1.82	2.60	7.12	2.51
\$15,000 - \$19,999	69.30	69.16	77.17	70.10	72.75	74.43*	60.70
	1.22	3.67	4.38	2.05	2.17	7.31	2.70
\$20,000 - \$24,999	71.44	70.94	73.33*	70.30	73.86	75.19	67.61
	1.47	6.12	8.61	3.21	2.41	5.30	3.35
\$25,000 - \$29,999	69.62	67.09*	77.33*	76.32	69.81	84.65*	57.31
	1.62	7.79	12.36	2.74	2.56	4.52	4.35
\$30,000 or more	70.57	55.11	80.28*	74.66	72.47	71.86	62.86
	0.85	4.32	7.56	1.43	1.36	2.84	2.24

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	l Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percentag	e of Beneficiaries with at	Least One Outpatient Hos	pital Visit	
All Beneficiaries	69.84	59.57	76.49	72.70	71.54	73.87	62.69
	0.52	1.80	1.02	0.98	0.90	1.97	1.23
Health Status							
Excellent	56.28	34.18*	59.47	62.21	60.15	60.02	49.31
	1.52	5.66	5.64	2.75	2.29	5.46	3.25
Very good	64.61	51.51	64.36	69.78	66.47	76.84	57.60
, 0	0.94	3.50	3.53	1.87	1.96	3.61	1.93
Good	72.10	59.18	73.18	75.85	74.62	71.91	68.25
	0.86	3.21	1.88	1.50	1.34	3.33	2.31
Fair	77.68	67.97	83.19	79.78	78.34	87.57	71.16
	0.95	3.40	1.51	2.00	1.81	4.54	3.06
Poor	81.22	76.61	84.24	79.40	83.29	86.39*	75.81
	1.22	4.40	2.37	4.12	2.61	7.32	4.55
Functional Limitation							
None	65.28	52.09	70.41	69.27	68.00	71.76	58.42
	0.70	2.48	1.77	1.25	1.16	2.53	1.53
IADL only <sup>4</sup>	74.44	65.67	78.01	77.24	74.96	74.13	70.68
	1.03	3.04	1.71	1.74	1.73	5.19	2.26
One to two ADLs <sup>5</sup>	78.22	72.96	82.43	78.67	81.15	78.41	70.44
	1.24	4.29	2.23	2.43	1.98	5.31	3.98
Three to five ADLs	77.76	67.37	81.15	80.92	78.49	85.08*	71.13
	1.56	4.95	2.57	3.06	3.20	6.42	4.87

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	al Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percenta	ge of Beneficiaries with at	Least One Outpatient Hos	pital Visit	
All Beneficiaries	69.84	59.57	76.49	72.70	71.54	73.87	62.69
	0.52	1.80	1.02	0.98	0.90	1.97	1.23
Metropolitan Area Resident							
Yes	67.65	56.55	75.50	68.22	69.94	72.11	62.24
	0.64	2.42	1.17	1.23	1.05	2.09	1.24
No	76.90	65.55	79.11	80.31	78.03	78.86	70.77
	0.89	2.65	2.18	1.43	1.85	4.52	5.53

Source: Medicare Current Beneficiary Survey, CY 2000 Cost and Use Public Use File.

<sup>1</sup> The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

<sup>2</sup> HMO stands for Health Maintenance Organization.

<sup>3</sup> Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

<sup>4</sup> IADL stands for Instrumental Activity of Daily Living.

<sup>5</sup> ADL stands for Activity of Daily Living.

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

	Medicare	Supplemental Health Insurance					
Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>	
		Percentag	e of Beneficiaries with at L	east One Physician/Suppl	ier Service		
94.89	84.34	95.19	96.77	96.31	98.65	94.75	
0.24	1.25	0.56	0.40	0.40	0.65	0.49	
93.45	81.04	93.49	94.93	95.13	97.51	93.61	
0.41	1.97	1.15	0.84	0.71	1.19	0.81	
97.39	86.61	96.46	98.70	98.76	100.00	96.51	
0.25	2.28	0.90	0.37	0.34	0.00	0.72	
96.90	90.39	98.32	98.06	98.00	100.00*	94.36	
0.48	2.81	0.84	0.58	0.81	0.00	1.49	
90.90	78.48	94.45	83.80*	92.29	100.00*	92.31*	
						4.57	
						97.12	
0.87	2.62	1.21	2.41	1.82	0.00	1.40	
03 37	83.16	03 15	05.80	95.45	97.50	93.19	
						0.89	
						95.97	
0.28	1.80	0.57	0.52	0.46	0.61	0.63	
04.00	70.77	05.40	00.07	07.10	100.00	05.00	
						95.82 <i>0.84</i>	
						93.74	
						0.77	
						95.33	
						1.25	
						97.04	
						1.53	
	94.89 0.24 93.45 0.41 97.39 0.25 96.90 0.48 90.90 1.06 94.07 0.87 93.37 0.39 96.10	Total         Fee-for-Service Only           94.89         84.34           0.24         1.25           93.45         81.04           0.41         1.97           97.39         86.61           0.25         2.28           96.90         90.39           0.48         2.81           90.90         78.48           1.06         3.83           94.07         88.87           0.87         2.62           93.37         83.16           0.39         1.64           96.10         85.93           0.28         1.80           94.88         79.77           0.39         2.52           95.33         87.41           0.30         1.62           94.16         86.16           0.87         3.07           93.82         83.59	Total         Fee-for-Service Only         Medicaid           Percentage           94.89         84.34         95.19           0.24         1.25         0.56           93.45         81.04         93.49           0.41         1.97         1.15           97.39         86.61         96.46           0.25         2.28         0.90           96.90         90.39         98.32           0.48         2.81         0.84           90.90         78.48         94.45           1.06         3.83         1.07           94.07         88.87         95.70           0.87         2.62         1.21           93.37         83.16         93.15           0.39         1.64         1.17           96.10         85.93         96.40           0.28         1.80         0.57           94.88         79.77         95.49           0.39         2.52         0.84           95.33         87.41         95.81           0.30         1.62         1.14           94.16         86.16         94.05           0.87         3.07	Total         Fee-for-Service Only         Medicaid         Individually-Purchased Private Insurance           Percentage of Beneficiaries with at Long Private Insurance           94.89         84.34         95.19         96.77           0.24         1.25         0.56         0.40           93.45         81.04         93.49         94.93           0.41         1.97         1.15         0.84           97.39         86.61         96.46         98.70           0.25         2.28         0.90         0.37           96.90         90.39         98.32         98.06           0.48         2.81         0.84         0.58           90.90         78.48         94.45         83.80°           1.06         3.83         1.07         8.88           94.07         88.87         95.70         96.68           0.87         2.62         1.21         2.41           93.37         83.16         93.15         95.89           0.39         1.64         1.17         0.72           96.10         85.93         96.40         97.36           0.28         1.80         0.57         0.52           94.88 </td <td>Total         Fee-for-Service Only         Medicaid         Individually-Purchased Private Insurance         Employer-Sponsored Private Insurance           Percentage of Beneficiaries with at Least One Physician/Suppl           94.89         84.34         95.19         96.77         96.31           0.24         1.25         0.56         0.40         0.40           93.45         81.04         93.49         94.93         95.13           0.41         1.97         1.15         0.84         0.71           97.39         86.61         96.46         98.70         98.76           0.25         2.28         0.90         0.37         0.34           96.90         90.39         98.32         98.06         98.00           0.48         2.81         0.84         0.58         0.81           90.90         78.48         94.45         83.80°         92.29           1.06         3.83         1.07         8.88         2.85           94.07         88.87         95.70         96.68         94.57           0.87         2.62         1.21         2.41         1.82           93.37         83.16         93.15         95.89         95.45</td> <td>  Percentage of Beneficiaries with at Least One Physician/Supplier Service   Private Insurance   Private I</td>	Total         Fee-for-Service Only         Medicaid         Individually-Purchased Private Insurance         Employer-Sponsored Private Insurance           Percentage of Beneficiaries with at Least One Physician/Suppl           94.89         84.34         95.19         96.77         96.31           0.24         1.25         0.56         0.40         0.40           93.45         81.04         93.49         94.93         95.13           0.41         1.97         1.15         0.84         0.71           97.39         86.61         96.46         98.70         98.76           0.25         2.28         0.90         0.37         0.34           96.90         90.39         98.32         98.06         98.00           0.48         2.81         0.84         0.58         0.81           90.90         78.48         94.45         83.80°         92.29           1.06         3.83         1.07         8.88         2.85           94.07         88.87         95.70         96.68         94.57           0.87         2.62         1.21         2.41         1.82           93.37         83.16         93.15         95.89         95.45	Percentage of Beneficiaries with at Least One Physician/Supplier Service   Private Insurance   Private I	

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	Supplemental Health Insurance						
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>				
			Percentag	e of Beneficiaries with at L	east One Physician/Suppl	ier Service					
All Beneficiaries	94.89	84.34	95.19	96.77	96.31	98.65	94.75				
	0.24	1.25	0.56	0.40	0.40	0.65	0.49				
Race/Ethnicity											
White non-Hispanic	95.43	84.57	95.50	96.78	96.68	98.72	95.08				
	0.25	1.36	0.75	0.43	0.44	0.67	0.54				
Black non-Hispanic	92.82	85.03	94.43	97.67	94.95	96.17*	93.15				
	0.83	2.63	1.11	1.77	1.71	3.83	1.81				
Hispanic	92.85	84.46	95.58	96.01	90.85	100.00*	92.83				
	1.11	4.56	1.28	2.44	3.60	0.00	2.66				
Other	94.55	82.72	95.71	100.00	97.86	100.00*	94.97				
	1.52	6.59	2.19	0.00	1.50	0.00	3.00				
Income											
Less than \$2,500	93.91	89.80*	93.87	89.51*	100.00*	100.00*	95.82*				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.18	4.98	5.15	6.64	0.00	0.00	2.58				
\$2,500 - \$4,999	86.69	85.36*	89.31	98.10*	82.54*	100.00*	76.20*				
	2.89	6.57	3.84	2.03	8.46	0.00	8.43				
\$5,000 - \$7,499	93.77	85.05	95.24	95.55	90.50*	100.00*	96.59				
	0.86	3.24	0.91	2.27	6.93	0.00	2.17				
\$7,500 - \$9,999	93.54	82.30	95.08	96.74	98.01	100.00*	94.80				
	0.85	3.11	0.91	1.57	1.46	0.00	1.70				
\$10,000 - \$14,999	94.07	82.97	96.35	98.05	94.32	100.00*	94.35				
	0.58	2.17	1.36	0.75	1.48	0.00	1.16				
\$15,000 - \$19,999	94.44	90.24	97.58	93.90	94.84	98.60*	94.94				
	0.75	2.43	1.34	1.28	1.39	1.36	1.36				
\$20,000 - \$24,999	95.35	88.66	94.56*	96.60	95.65	100.00	94.90				
	0.61	4.25	5.43	1.27	1.07	0.00	1.46				
\$25,000 - \$29,999	96.04	89.79*	100.00*	97.35	97.31	100.00	92.23				
	0.70	4.36	0.00	1.51	0.87	0.00	2.32				
\$30,000 or more	96.32	77.36	94.12*	97.67	97.37	97.73	96.25				
	0.40	4.52	4.39	0.60	0.54	1.19	0.84				

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	l Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percentage	of Beneficiaries with at L	east One Physician/Suppl	ier Service	
All Beneficiaries	94.89	84.34	95.19	96.77	96.31	98.65	94.75
	0.24	1.25	0.56	0.40	0.40	0.65	0.49
Health Status							
Excellent	89.91	65.51	91.28	93.25	91.92	98.07	88.94
	0.86	5.73	3.05	1.44	1.41	1.80	1.91
Very good	94.67	77.96	92.08	96.18	97.35	98.63	95.14
, 0	0.50	3.07	1.73	0.85	0.62	1.07	0.87
Good	95.96	87.85	94.30	97.70	97.02	98.36	96.26
	0.35	2.17	0.97	0.54	0.59	1.26	0.84
Fair	96.27	90.29	96.78	98.74	96.21	100.00	96.89
	0.49	2.42	0.82	0.53	1.04	0.00	0.85
Poor	96.77	90.98	97.23	99.37	98.00	100.00*	97.25
	0.68	2.54	1.22	0.48	1.21	0.00	1.34
Functional Limitation							
None	93.60	80.20	92.71	95.60	95.50	98.41	93.49
	0.37	1.99	1.10	0.62	0.61	0.85	0.74
IADL only <sup>4</sup>	96.10	87.32	95.33	98.43	97.29	98.09	97.07
, i	0.39	2.20	0.82	0.62	0.61	1.98	0.80
One to two ADLs <sup>5</sup>	96.98	90.40	97.94	98.65	97.58	100.00	96.35
	0.57	2.77	0.80	0.60	1.01	0.00	1.17
Three to five ADLs	97.97	92.06	98.00	99.58	98.76	100.00*	99.37
	0.63	3.28	0.78	0.45	0.75	0.00	0.64

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	l Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percentage	e of Beneficiaries with at L	east One Physician/Suppl	ier Service	
All Beneficiaries	94.89	84.34	95.19	96.77	96.31	98.65	94.75
	0.24	1.25	0.56	0.40	0.40	0.65	0.49
Metropolitan Area Resident							
Yes	94.94	82.87	95.91	96.75	96.20	98.82	94.75
	0.28	1.74	0.66	0.55	0.46	0.73	0.50
No	94.78	87.27	93.28	96.80	96.74	98.19	94.74
	0.44	1.27	1.00	0.62	0.77	1.41	2.45

Source: Medicare Current Beneficiary Survey, CY 2000 Cost and Use Public Use File.

<sup>1</sup> The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

<sup>2</sup> HMO stands for Health Maintenance Organization.

<sup>3</sup> Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

<sup>4</sup> IADL stands for Instrumental Activity of Daily Living.

<sup>5</sup> ADL stands for Activity of Daily Living.

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

43.50 0.61	Fee-for-Service Only	Medicaid Pero	Individually-Purchased Private Insurance centage of Beneficiaries wit	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
	23 40	Perc	entage of Beneficiaries wit			
	23 40			h at Least One Dental Ser	vice	
0.61		23.31	47.25	52.55	64.58	45.36
	1.56	1.12	1.12	1.06	1.89	1.44
47.13	24.61	18.91	48.50	57.02	65.19	48.22
0.81	2.18	1.87	1.50	1.36	2.28	2.08
44.27	20.40*	19.08	49.30	50.86	66.04	41.90
1.06	2.96	2.02	1.74	1.67	3.34	1.95
34.19	12.85*	14.69*	37.84	40.65	56.16*	40.29
1.36	3.44	2.76	2.64	2.69	7.25	2.87
37.00	27.89*	35.77	57.44*	47.02	0.00	48.37*
1.88	4.41	2.10	16.57	4.37	0.00	11.10
34.05	25.43	28.54		42.26	49.97*	43.32*
1.67	2.84	2.64	6.13	4.02	13.61	6.07
42.09	21 61	22 64	46.07	51.31	64 90	43.33
						2.32
						46.94
0.79	2.62	1.33	1.32	1.27	2.38	1.54
20.65	19.60	10.50	46.01	40.59	62.62	42.32
						42.32 2.05
						49.45
						1.93
						35.19
						3.56
						42.71*
1.81	4.34	2.40	3.92	5.98	14.66	5.89
	0.81 44.27 1.06 34.19 1.36 37.00 1.88 34.05 1.67 42.09 0.73 44.62 0.79 39.65 1.02 49.46 0.80 29.26 1.41 36.49	0.81       2.18         44.27       20.40*         1.06       2.96         34.19       12.85*         1.36       3.44         37.00       27.89*         1.88       4.41         34.05       25.43         1.67       2.84         42.09       21.61         0.73       1.56         44.62       25.80         0.79       2.62         39.65       18.69         1.02       2.52         49.46       26.23         0.80       2.27         29.26       18.68*         1.41       3.97         36.49       30.09*	0.81       2.18       1.87         44.27       20.40*       19.08         1.06       2.96       2.02         34.19       12.85*       14.69*         1.36       3.44       2.76         37.00       27.89*       35.77         1.88       4.41       2.10         34.05       25.43       28.54         1.67       2.84       2.64         42.09       21.61       22.64         0.73       1.56       1.74         44.62       25.80       23.71         0.79       2.62       1.33         39.65       18.69       19.50         1.02       2.52       1.60         49.46       26.23       23.37         0.80       2.27       3.04         29.26       18.68*       19.29         1.41       3.97       2.03         36.49       30.09*       33.04	0.81       2.18       1.87       1.50         44.27       20.40*       19.08       49.30         1.06       2.96       2.02       1.74         34.19       12.85*       14.69*       37.84         1.36       3.44       2.76       2.64         37.00       27.89*       35.77       57.44*         1.88       4.41       2.10       16.57         34.05       25.43       28.54       39.53*         1.67       2.84       2.64       6.13         42.09       21.61       22.64       46.07         0.73       1.56       1.74       1.50         44.62       25.80       23.71       48.05         0.79       2.62       1.33       1.32         39.65       18.69       19.50       46.91         1.02       2.52       1.60       1.76         49.46       26.23       23.37       50.41         0.80       2.27       3.04       1.50         29.26       18.68*       19.29       33.35         1.41       3.97       2.03       3.04         36.49       30.09*       33.04       36.06 <td>0.81         2.18         1.87         1.50         1.36           44.27         20.40*         19.08         49.30         50.86           1.06         2.96         2.02         1.74         1.67           34.19         12.85*         14.69*         37.84         40.65           1.36         3.44         2.76         2.64         2.69           37.00         27.89*         35.77         57.44*         47.02           1.88         4.41         2.10         16.57         4.37           34.05         25.43         28.54         39.53*         42.26           1.67         2.84         2.64         6.13         4.02           42.09         21.61         22.64         46.07         51.31           0.73         1.56         1.74         1.50         1.43           44.62         25.80         23.71         48.05         53.62           0.79         2.62         1.33         1.32         1.27           39.65         18.69         19.50         46.91         49.58           1.02         2.52         1.60         1.76         1.92           49.46         26.23</td> <td>0.81         2.18         1.87         1.50         1.36         2.28           44.27         20.40°         19.08         49.30         50.86         66.04           1.06         2.96         2.02         1.74         1.67         3.34           34.19         12.85°         14.69°         37.84         40.65         56.16°           1.36         3.44         2.76         2.64         2.69         7.25           37.00         27.89°         35.77         57.44°         47.02         0.00           1.88         4.41         2.10         16.57         4.37         0.00           34.05         25.43         28.54         39.53°         42.26         49.97°           1.67         2.84         2.64         6.13         4.02         13.61           42.09         21.61         22.64         46.07         51.31         64.90           0.73         1.56         1.74         1.50         1.43         3.27           44.62         25.80         23.71         48.05         53.62         64.35           0.79         2.62         1.33         1.32         1.27         2.38           39.65</td>	0.81         2.18         1.87         1.50         1.36           44.27         20.40*         19.08         49.30         50.86           1.06         2.96         2.02         1.74         1.67           34.19         12.85*         14.69*         37.84         40.65           1.36         3.44         2.76         2.64         2.69           37.00         27.89*         35.77         57.44*         47.02           1.88         4.41         2.10         16.57         4.37           34.05         25.43         28.54         39.53*         42.26           1.67         2.84         2.64         6.13         4.02           42.09         21.61         22.64         46.07         51.31           0.73         1.56         1.74         1.50         1.43           44.62         25.80         23.71         48.05         53.62           0.79         2.62         1.33         1.32         1.27           39.65         18.69         19.50         46.91         49.58           1.02         2.52         1.60         1.76         1.92           49.46         26.23	0.81         2.18         1.87         1.50         1.36         2.28           44.27         20.40°         19.08         49.30         50.86         66.04           1.06         2.96         2.02         1.74         1.67         3.34           34.19         12.85°         14.69°         37.84         40.65         56.16°           1.36         3.44         2.76         2.64         2.69         7.25           37.00         27.89°         35.77         57.44°         47.02         0.00           1.88         4.41         2.10         16.57         4.37         0.00           34.05         25.43         28.54         39.53°         42.26         49.97°           1.67         2.84         2.64         6.13         4.02         13.61           42.09         21.61         22.64         46.07         51.31         64.90           0.73         1.56         1.74         1.50         1.43         3.27           44.62         25.80         23.71         48.05         53.62         64.35           0.79         2.62         1.33         1.32         1.27         2.38           39.65

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	Il Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо <sup>2</sup>
			Perc	entage of Beneficiaries wi	th at Least One Dental Se	rvice	
All Beneficiaries	43.50	23.40	23.31	47.25	52.55	64.58	45.36
	0.61	1.56	1.12	1.12	1.06	1.89	1.44
Race/Ethnicity							
White non-Hispanic	46.88	24.86	23.84	48.30	54.10	65.22	47.71
	0.71	1.78	1.38	1.16	1.12	2.01	1.60
Black non-Hispanic	24.06	20.27*	17.35	17.99*	34.14	53.37*	27.35*
·	1.54	3.28	1.73	4.94	3.94	11.02	3.99
Hispanic	33.87	19.51*	25.58	43.01*	48.86	65.71*	40.34
	2.11	3.50	3.33	5.64	4.94	18.17	4.80
Other	37.34	23.97*	26.49*	42.16*	51.77*	50.79*	46.87*
	2.51	5.58	3.87	7.71	6.37	27.76	6.42
Income							
Less than \$2,500	26.98	23.31*	19.64*	27.03*	39.01*	45.03*	24.99*
	3.68	9.61	7.25	7.05	8.61	16.75	8.56
\$2,500 - \$4,999	24.46	25.81*	13.31*	23.13*	27.24*	23.42*	53.31*
+=,	3.00	6.55	2.61	10.71	9.28	25.97	11.96
\$5,000 - \$7,499	22.18	14.58*	21.02	30.80*	40.07*	42.45*	29.66*
¥ - , + ,	1.46	3.47	1.71	5.45	8.34	20.92	7.56
\$7,500 - \$9,999	26.21	14.07*	27.24	29.35	28.00*	28.93*	31.90
	1.24	3.29	2.09	4.08	4.62	15.62	3.64
\$10,000 - \$14,999	31.36	19.14	24.48	35.97	36.10	34.03*	33.15
	1.03	2.81	2.63	2.27	2.97	7.09	2.23
\$15,000 - \$19,999	37.25	26.92*	23.11*	37.82	40.82	52.67*	37.95
	1.30	3.17	4.59	2.91	2.63	6.42	2.90
\$20,000 - \$24,999	46.97	32.75*	23.78*	47.96	49.45	57.66*	46.52
	1.76	6.41	6.22	3.17	2.72	5.46	3.22
\$25,000 - \$29,999	51.89	34.38*	31.26*	51.58	53.71	63.06*	52.44
	1.63	8.83	11.36	3.06	2.78	6.38	3.94
\$30,000 or more	62.60	35.27	28.12*	64.20	63.45	76.20	61.10
	0.91	4.33	8.00	1.90	1.36	2.06	2.61

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	l Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Perce	entage of Beneficiaries wit	h at Least One Dental Se	rvice	
All Beneficiaries	43.50	23.40	23.31	47.25	52.55	64.58	45.36
	0.61	1.56	1.12	1.12	1.06	1.89	1.44
Health Status							
Excellent	50.99	19.80*	29.24*	54.60	57.99	67.68	49.28
	1.36	3.79	4.73	2.55	2.30	4.83	2.73
Very good	51.04	23.94	26.26	51.91	59.84	69.36	50.65
	1.09	3.35	3.22	2.00	1.70	3.00	2.74
Good	43.85	24.26	22.03	47.21	51.87	61.20	45.39
	0.85	3.09	1.92	1.71	1.55	4.79	2.06
Fair	34.19	22.78	20.92	39.51	44.04	61.91*	36.40
	1.12	2.71	1.78	2.24	2.45	7.32	2.83
Poor	28.57	24.61*	25.09	24.91*	35.95	44.07*	29.84*
	1.41	4.05	2.84	4.01	3.83	10.91	5.27
Functional Limitation							
None	48.47	24.38	22.65	51.30	57.02	67.34	49.03
	0.81	2.06	1.89	1.38	1.22	2.33	1.82
IADL only <sup>4</sup>	39.55	21.81	25.45	44.59	49.26	63.19	39.96
· ·	1.06	2.85	1.71	1.92	2.08	5.41	2.64
One to two ADLs <sup>5</sup>	36.08	23.07*	23.41	37.57	43.21	60.92*	39.62
	1.42	3.26	2.56	2.92	2.57	6.01	3.50
Three to five ADLs	28.24	22.37*	20.16	30.23*	35.87	48.74*	28.45*
	1.75	4.46	2.96	3.81	3.33	8.50	4.81

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	l Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Perc	entage of Beneficiaries wit	h at Least One Dental Sei	vice	
All Beneficiaries	43.50	23.40	23.31	47.25	52.55	64.58	45.36
	0.61	1.56	1.12	1.12	1.06	1.89	1.44
Metropolitan Area Resident							
Yes	46.10	24.69	25.81	51.05	54.73	67.28	45.82
	0.66	2.01	1.34	1.46	1.25	2.25	1.49
No	35.29	21.27	16.76	40.78	43.80	56.88	37.14*
	1.20	2.13	1.83	1.54	1.69	2.81	5.25

Source: Medicare Current Beneficiary Survey, CY 2000 Cost and Use Public Use File.

<sup>1</sup> The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

<sup>2</sup> HMO stands for Health Maintenance Organization.

<sup>3</sup> Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

<sup>4</sup> IADL stands for Instrumental Activity of Daily Living.

<sup>5</sup> ADL stands for Activity of Daily Living.

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	al Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percen	tage of Beneficiaries with a	at Least One Prescribed M	edicine	
All Beneficiaries	91.06	77.62	91.89	91.75	93.90	94.92	90.96
	0.30	1.53	0.65	0.64	0.40	1.10	0.70
Medicare Status <sup>3</sup> Aged							
65 - 74 years	89.51	73.39	89.68	89.27	93.19	93.75	89.63
	0.50	2.24	1.53	0.99	0.68	1.72	0.99
75 - 84 years	93.65	78.44	95.51	94.10	95.14	96.63	93.57
	0.36	3.02	1.03	0.77	0.56	1.37	1.07
85 years and older	92.51	84.18	92.73	94.85	93.67	93.14*	89.99
	0.69	3.69	1.91	1.12	1.42	3.79	2.01
Disabled							
Under 45 years	86.12	71.39	89.61	71.68*	90.62	100.00*	90.29*
·	1.38	4.40	1.46	12.85	2.60	0.00	4.81
45 - 64 years	91.28	85.14	92.75	88.41*	94.69	100.00*	91.01
	0.92	2.89	1.54	4.69	1.73	0.00	3.73
Gender							
Male	88.49	75.38	88.63	89.08	92.65	91.85	88.67
	0.49	2.10	1.37	0.99	0.68	2.21	1.15
Female	93.08	80.63	93.84	93.57	94.98	97.11	92.74
	0.33	1.99	0.66	0.77	0.47	0.99	0.85
Living Arrangement							
Alone	90.86	73.14	92.24	92.65	93.88	96.15	90.80
	0.54	2.75	1.11	1.13	0.85	1.71	1.13
With spouse	91.68	80.95	93.96	91.29	94.02	94.19	90.72
5-233	0.40	2.09	1.26	0.77	0.50	1.43	0.97
With children	91.65	82.53	91.89	92.60	94.12	97.92*	93.56
	0.89	3.47	1.68	2.37	1.64	2.08	1.47
With others	87.48	71.18	89.81	89.57	93.49	93.69*	88.91
	1.11	4.25	1.59	3.02	2.35	6.70	3.27

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	Il Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percen	tage of Beneficiaries with a	at Least One Prescribed M	edicine	
All Beneficiaries	91.06	77.62	91.89	91.75	93.90	94.92	90.96
	0.30	1.53	0.65	0.64	0.40	1.10	0.70
Race/Ethnicity							
White non-Hispanic	91.50	77.17	92.30	91.68	94.06	95.21	91.33
	0.33	1.84	0.83	0.68	0.41	1.14	0.83
Black non-Hispanic	89.51	79.42	91.12	90.63	92.87	90.94*	92.33
· ·	0.87	2.90	1.37	3.52	2.20	6.52	1.91
Hispanic	90.08	75.70	93.12	91.32	94.10	89.81*	90.16
·	1.12	4.94	1.60	3.29	2.26	10.22	2.89
Other	88.94	81.28	90.86	96.86	93.08	100.00*	81.41
	1.88	6.09	3.03	2.34	2.35	0.00	5.49
Income							
Less than \$2,500	86.10	83.84*	86.00*	78.41*	95.81*	58.17*	96.26*
Less man \$2,500	2.78	7.78	6.06	7.41	4.05	20.86	2.51
\$2,500 - \$4,999	78.36	63.03*	86.33	76.69*	76.72*	100.00*	77.84*
φ2,500 - φ4,999	3.16	8.54	4.41	10.30	8.21	0.00	9.98
\$5,000 - \$7,499	89.13	72.12	92.80	84.69	88.60*	100.00*	90.67
φ5,000 - φ7,499	0.99	4.76	0.96	5.10	6.99	0.00	3.97
\$7,500 - \$9,999	88.66	75.44	91.11	90.16	93.72	92.60*	91.04
Ψ7,500 Ψ5,500	0.90	3.84	1.25	2.40	2.18	8.34	2.15
\$10,000 - \$14,999	90.35	78.31	94.66	92.94	92.03	98.04*	89.97
Ψ10,000 Ψ14,000	0.67	2.58	1.39	1.21	1.59	2.04	1.51
\$15,000 - \$19,999	91.90	83.62	92.66	90.11	95.38	93.39*	92.57
ψ.ο,οοο	0.83	3.18	2.62	1.54	0.97	3.80	1.52
\$20,000 - \$24,999	91.93	86.55	80.50*	92.29	92.34	97.49	92.56
, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.86	3.82	8.51	1.98	1.20	1.74	1.84
\$25,000 - \$29,999	91.99	82.49*	95.88*	92.42	94.74	97.91	86.54
, + -,	1.06	6.32	4.29	2.19	1.18	2.10	2.87
\$30,000 or more	92.83	73.29	91.44*	93.35	94.65	94.57	91.71
, , , , , , , , , , , , , , , , , , , ,	0.45	4.53	4.49	0.93	0.60	1.57	1.09

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	I Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percenta	age of Beneficiaries with a	nt Least One Prescribed M	ledicine	
All Beneficiaries	91.06	77.62	91.89	91.75	93.90	94.92	90.96
	0.30	1.53	0.65	0.64	0.40	1.10	0.70
Health Status							
Excellent	80.54	49.92	79.61	84.54	84.89	87.99	78.35
	1.15	5.76	4.04	2.02	1.88	3.50	2.90
Very good	89.69	69.65	86.67	89.37	94.28	96.23	89.86
, 3	0.64	3.41	2.31	1.30	0.89	1.64	1.12
Good	93.36	79.60	91.26	94.29	96.01	96.39	94.59
	0.45	2.47	1.33	0.76	0.53	1.72	0.94
Fair	94.72	86.12	95.12	96.27	96.12	95.80	96.76
	0.46	2.36	0.75	0.98	0.86	2.92	0.97
Poor	95.47	91.73	95.27	97.07	95.51	100.00*	98.67
	0.65	2.35	1.30	1.20	1.60	0.00	0.95
Functional Limitation							
None	88.49	71.00	88.19	89.10	92.09	93.52	88.68
	0.46	2.19	1.37	0.87	0.62	1.55	0.91
IADL only <sup>4</sup>	93.92	84.66	91.66	95.94	97.05	98.34	93.49
	0.46	2.28	1.22	0.89	0.63	1.17	1.44
One to two ADLs <sup>5</sup>	94.96	84.68	96.03	95.03	96.75	96.53	96.67
	0.61	3.18	1.11	1.18	0.89	2.48	1.12
Three to five ADLs	96.18	88.31	96.85	98.37	96.44	95.88*	99.08
	0.67	3.84	0.95	0.96	1.31	4.15	0.92

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

		Medicare		Supplementa	Il Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO <sup>2</sup>
			Percer	tage of Beneficiaries with	at Least One Prescribed N	<b>l</b> ledicine	
All Beneficiaries	91.06	77.62	91.89	91.75	93.90	94.92	90.96
	0.30	1.53	0.65	0.64	0.40	1.10	0.70
Metropolitan Area Resident							
Yes	91.17	75.89	91.95	91.99	93.88	94.91	90.96
	0.35	2.28	0.83	0.85	0.46	1.27	0.71
No	90.73	80.95	91.75	91.35	93.94	94.95	91.02
	0.60	1.45	0.94	0.91	0.79	2.12	2.22

Source: Medicare Current Beneficiary Survey, CY 2000 Cost and Use Public Use File.

<sup>1</sup> The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

<sup>2</sup> HMO stands for Health Maintenance Organization.

<sup>3</sup> Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

<sup>4</sup> IADL stands for Instrumental Activity of Daily Living.

<sup>5</sup> ADL stands for Activity of Daily Living.

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000 All Medicare Beneficiaries

Danafialam		Medicare	Supplement	al Health Insurance <sup>2</sup>
Beneficiary Characteristic	Total <sup>1</sup>	Fee-for-Service Only	Medicaid	Private Insurance
	Percentage of	Beneficiaries with at	Least One Short	or Long-Term Facility Sta
All Beneficiaries	9.25	9.40	25.78	5.49
	0.23	0.67	0.84	0.28
Medicare Status <sup>3</sup> Aged				
65 - 74 years	3.32	3.75*	14.01	1.80
,	0.26	0.82	1.46	0.30
75 - 84 years	10.49	13.01*	30.29	7.51
·	0.47	1.66	2.07	0.53
85 years and older	32.51	40.43	62.03	19.86
	0.95	3.54	2.10	1.25
<b>Disabled</b> Under 45 years	8.86 <i>0.81</i>	1.68* 1.11	13.08 <i>1.23</i>	1.12* 1.12
45 - 64 years	7.17	4.23*	16.19	1.07*
40 04 yours	0.67	1.14	1.81	0.49
	0.07			0.70
Gender				
Male	7.45	5.97	23.97	4.52
	0.35	0.72	1.70	0.38
Female	10.63	13.69	26.82	6.23
	0.30	1.21	0.97	0.38
Marital Status				
Married	4.54	4.20*	17.92	3.70
Marrieu	0.28	0.78	2.06	0.33
Widowed	15.21	19.97	33.21	9.27
Widowed	0.51	1.84	1.45	0.62
Divorced/separated	6.92	6.70*	12.76	4.09*
Bivorcea, separated	0.64	1.65	1.67	1.03
Never married	19.60	9.48*	30.91	7.67*
. 10 TOT III GITTOG	1.09	2.53	1.90	1.57
	1.00	2.00	7.00	1.01

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000
All Medicare Beneficiaries

Ponoficiary		Medicare Fee-for-Service	Supplementa	al Health Insurance <sup>2</sup>
Beneficiary Characteristic	Total <sup>1</sup>	Only	Medicaid	Private Insurance
	Percentage of	f Beneficiaries with at	Least One Short	or Long-Term Facility Sta
All Beneficiaries	9.25	9.40	25.78	5.49
	0.23	0.67	0.84	0.28
Race/Ethnicity				
White non-Hispanic	9.73	12.33	34.80	5.64
, in the second	0.26	0.92	1.25	0.29
Black non-Hispanic	8.80	3.30*	17.17	4.75*
	0.87	1.24	1.55	1.37
Hispanic	6.02	3.04*	10.76	3.30*
	0.75	1.08	1.51	1.00
Other	5.29*	3.60*	8.06*	3.69*
	0.90	2.10	2.01	1.50
In a a ma				
Income	12.15*	5.20*	26.96*	6.84*
Less than \$2,500	12.15	2.29	26.96 4.35	2.53
\$2,500 - \$4,999	16.55	5.34*	28.82	6.03*
\$2,500 - \$4,999	2.18	2.80	3.84	3.46
\$5,000 - \$7,499	16.44	4.61*	19.71	13.16*
ψ3,000 - ψ1,403	1.10	1.46	1.42	3.06
\$7,500 - \$9,999	14.17	10.60*	21.86	7.80*
ψ1,000 ψ0,000	0.79	1.96	1.46	1.29
\$10,000 - \$14,999	11.19	7.32*	32.37	7.05
ψ. ο,οοο ψ. ι,οοο	0.67	1.41	2.27	0.75
\$15,000 - \$19,999	8.33	10.68*	30.19	5.88
¥ 10,000 ¥ 10,000	0.71	1.68	4.10	0.84
\$20,000 - \$24,999	6.86	9.85*	47.03*	4.87*
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.60	2.71	6.82	0.75
\$25,000 - \$29,999	6.54	15.38*	39.79*	5.14*
	0.66	3.97	8.88	0.83
\$30,000 or more	5.51	13.19*	56.37	4.40
	0.37	2.01	6.04	0.42

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000 All Medicare Beneficiaries

Beneficiary		Medicare Fee-for-Service	Supplement	al Health Insurance <sup>2</sup>
Characteristic	Total <sup>1</sup>	Only	Medicaid	Private Insurance
	Percentage of	Beneficiaries with at	Least One Short	- or Long-Term Facility St
All Beneficiaries	9.25	9.40	25.78	5.49
	0.23	0.67	0.84	0.28
Health Status				
Excellent	2.49	2.19*	13.40*	1.98*
2.000000	0.36	1.20	2.59	0.43
Very good	3.89	5.69*	14.40	2.67
, 0	0.29	1.20	1.80	0.36
Good	8.05	8.92*	24.78	4.68
	0.38	1.14	1.44	0.45
Fair	17.00	14.26	30.04	11.64
	0.67	1.44	1.53	0.90
Poor	19.02	10.85*	29.20	13.93
	1.19	2.52	2.15	1.79
Functional Limitation				
None	1.75	2.13*	3.96*	1.51
Notic	0.17	0.52	0.62	0.22
IADL only <sup>4</sup>	5.60	3.74*	8.59	5.26
" ID 2 Offing	0.44	1.20	1.09	0.58
One to two ADLs <sup>5</sup>	15.75	15.83*	27.56	11.13
	0.87	2.00	1.81	1.09
Three to five ADLs	46.50	40.74	63.74	31.76
	1.41	3.49	1.85	2.52

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2000

All Medicare Beneficiaries

Beneficiary Characteristic	Total <sup>1</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance <sup>2</sup>	
			Medicaid	Private Insurance
	Percentage o	f Beneficiaries with at	Least One Short	- or Long-Term Facility S
All Beneficiaries	9.25	9.40	25.78	5.49
	0.23	0.67	0.84	0.28
Metropolitan Area Resident				
Yes	8.95	10.15	25.66	5.48
	0.27	0.96	1.04	0.34
No	10.19	8.12	26.09	5.45
	0.48	0.68	1.77	0.50

Source: Medicare Current Beneficiary Survey, CY 2000 Cost and Use Public Use File.

- The 9.25 percent of Medicare beneficiaries with a facility stay differs from the 6.68 percent of Medicare beneficiaries who either resided full-year in a long-term care facility or part of the year in a long-term care facility, as shown in Table 1.1. User rates in this table include full-year community residents who had short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or collected through Medicare claims data. The residence rates in Table 1.1 do not count such people as residing full- or part-year in a long-term care facility.
- 2 Beneficiaries enrolled in Medicare HMOs are not included in individual categories in the table, but are included in the total. Beneficiaries who were not eligible for Medicaid at any time during 2000, but who had individually-purchased private insurance, employer-sponsored private insurance, private insurance, or who were enrolled in a private HMO are included in the category private insurance.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.